

PART B - FEE(S) TRANSMITTAL



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Bonnie S. Doll	(Depositor's name)
<i>Bonnie S. Doll</i>	(Signature)
<i>May 3, 2006</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/897,042	07/03/2001	Rudolf Valenta	1614-0251P	5581

TITLE OF INVENTION: NON-ANAPHYLACTIC FORMS OF ALLERGENS AND THEIR USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$1700	05/15/2006
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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NOLAN, PATRICK J	1644	424-184100
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

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1. Dinsmore & Shohl LLP
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pharmacia Diagnostics AB

Uppsala, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date May 3, 2006

Typed or printed name Holly D. Kozlowski

Registration No. 30,468

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